



TOWN OF MANCHESTER TRANSFER STATION RESIDENTIAL RECYCLING PERMIT APPLICATION

Please keep a copy for your records. If completing by hand, please print clearly.

A permit allows all Manchester residents to access the Transfer Station to dispose of Recyclable Materials and other eligible items. Please complete and submit one form for each permit you are applying for online, along with the required documentation or bring it to the Town of Manchester Landfill and Transfer Station | 311 Olcott Street | Manchester, CT 06040 to drop off. If you have questions regarding the types of permits available, punch cards and/or Transfer Station rules or regulations, please contact Customer Service at (860) 647-3257 or visit our website at <http://sanitation1.townofmanchester.org/index.cfm/residents-transfer-station/>.

APPLICANT INFORMATION: (Only Street Addresses, NO Post Office Boxes accepted)

Full Name of Applicant(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Have you been issued a permit for the Manchester Transfer Station before? Yes _____ No _____

This application **must** be accompanied by 2 of the items listed below as proof of Manchester residency. Please allow 2-3 business days for processing. ****NOTE: 1 MUST BE A PHOTO ID****

- State Photo ID (required*)
- DMV Registration
- Utility Bill (Gas/Electric)
- Cable TV / Internet Bill
- Valid Lease Agreement

If the photo ID (State ID/Driver's License) provided does match the residential address mentioned on this form, 2 additional documents from the list above will be required.

Punch Cards are available for purchase at the Sanitation office (scalehouse) for chargeable items.

PLEASE SELECT YOUR OPTION(S) BELOW:

☐ Recycling Permit (Free) ☐ 4 Punch Card (\$25) ☐ 10 Punch Card (\$50)

I certify that the permit I am applying for will only be used by the permittee(s) to deliver waste ONLY from my home to the Transfer Station. I further certify that the vehicle for which I am permitting is not used for business purposes or will be bringing material from any other physical location besides the above address.

Applicant Signature _____ Date _____

THIS SECTION FOR TOWN OF MANCHESTER STAFF USE ONLY!

Date Permit Processed _____ Permit # Issued _____ Processed by (Full Name) _____

Payment Type/Amount: Cash _____ Credit/Debit _____